BUSINESS HEALTH TRUST - 2020 DELTA DENTAL OF WASHINGTON PLANS

	Plan 1 09285		Plan 2 09287		Plan 3 09282		Plan 4 09281		Plan 5 09483		Plan 6 09484		Child only ortho	Family Ortho	Plan 7 - Voluntary 09614	
Groups of 2+ employees													***10+ employees***			
Annual Deductible - Per Person / Family	$50 / $150		$50 / $150		$0 / $0		$50 / $150		$50 / $150		$50 / $150		$0	$0	$50/ $150	
Annual Maximum	$1,000		$2,000		$2,000		$2,500		$2,000		$1,500		$1,000 Lifetime Max	$1,000 Lifetime Max	$1,500	
Class I - Diagnostic & Preventive (Deductible Waived)													**Ortho Benefit %**		*No ortho benefit*	
	Preferred	**Premier**	**Preferred**	**Premier**	**Preferred**	**Premier**	**Preferred**	**Premier**	**Preferred**	**Premier**	**Preferred**	**Premier**			**Preferred**	**Premier**
Exams, Cleanings, Fluoride, X-Rays, Sealants *Class I Services do not apply toward benefit period maximum*	80%	70%	100%	80%	100%	100%	Incentive 70-100%	Incentive 70-90%	100%	100%	100%	80%			100%	
Class II - Restorative																
Restoration, Endodontics, Periodontics, Oral Surgery	80%	70%	80%	70%	90%	80%	Incentive 70-100%	Incentive 70-90%	90%	80%	80%	70%			80%	
Crowns at Class II Incentive (Plan 4 Only)	N/A	N/A	N/A	N/A	N/A	N/A	Incentive 70-100%	Incentive 70-90%	N/A	N/A	N/A	N/A			N/A	
Class III - Major													50%			
Crowns, Dentures, Partials, Bridges, Implants	50%	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%	40%			50%	
Temporomandibular Joint Benefits																
TMJ	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%			50%	
TMJ Annual Maximum	$1,000		$1,000		$1,000		$1,000		$1,000		$1,000				$1,000	
TMJ Lifetime Maximum	$5,000		$5,000		$5,000		$5,000		$5,000		$5,000				$5,000	